

- (i) Understanding care in the past to develop caring science of the future: a historical methodological approach.

Authors:

Blinded for Anonymity.

Abstract:

In this paper we explore how the development of historical research methodologies during the last centuries can contribute to more diverse and interdisciplinary research in future caring science, especially towards a care focus that is more person-centred. The adding of a historical approach by professional historians to the theory of person-centredness and person-centred care, can develop knowledge that enables a more holistic understanding of the patient and the development of the patient perspective from the past until today. Thus, the aim is to show how developments within historical methodology can help us to understand elements of care in the past to further develop care science in the future.

Historical research methodologies have advocated a “history from below” perspective and this has enabled the evolution of systematic approaches to historical research that can be explored and critically analysed. Linked with this, the development of a more social and cultural oriented understanding of historical research has enabled historians to explore and add knowledge from a broader societal perspective. By focusing on the life of ordinary people and taking social and cultural aspects into account when trying to reconstruct the past, we can get a deeper understanding of health, care and medical development.

However an interdisciplinary research focus on person-centredness and person-centred care that includes professional historians can be challenging. In this paper we argue that a historical perspective is necessary to meet the challenges we face in the future delivery of health care to all people, in all parts of society in an ever more global world.

Key words:

Person-centredness, person-centred, caring, care, methodology, health history, method, methodology, interdisciplinary

(ii)

Introduction

Person centredness is an approach to nursing and healthcare that has evolved over the past 20 years. [Blinded for Anonymity] have developed a theoretical framework to articulate the key constructs that impact on the delivery of person-centred practice by health care workers, based on an individual evaluation of the user’s own concept of need, facilitation and treatment.(1) A crucial point in their theory is to have a more holistic approach to patients and see every patient as a complete person.(2) Even though the term «person centred health

care» has been introduced during the last decades, the theories and ideas that led to this framework are significantly older. (3) Our society is built on historical development, conscious or unconscious, this also applies to the caring of persons that eventually developed into health care services, medical practice and nursing. This development consists of cultural codes and **social** interaction between patients and health care workers, which has developed **over time**. [Blinded for Anonymity] write in one of their articles that an important part of being able to help others is to have insight into how we function as a person, to know our values and beliefs, and to know how these can affect our meeting with the other person/ the patient(1)(1). With this background in mind **we** will argue how historical approaches, and the shift in historical methodology¹(4) can contribute to a deeper **and new** understanding of person-centred health care. **We** will focus on the methodological considerations in historical research that are relevant to deepen our knowledge in a way that we can understand what factors have prevented or promoted person-centred care until today. With this knowledge and these considerations **we** believe historical research can contribute to better health care delivery in the future. **The aim of this article is to show how developments within historical methodology can give access to and be relevant for caring knowledge that are important to further develop caring science in the future.**

Focusing on a person- centred approach in a historical perspective makes it relevant to pay attention to the development of and shifts in methodology of historical research during the 20th century. These changes make it possible to explore **person-centredness in history as the focus shifted** from the perspective of the state, which is kings, church, war, army officers and so on, to a focus on ordinary people and **perspectives of** their lives. This perspective is often defined as “history from below” or “new history, although it is debatable how new this perspective is in 2017.”(5) The shift in methodology made it possible to investigate and explore history in a more holistic way, include the lives of ordinary men and women, and the mentality behind historical events and historical developments. Historical method can be viewed as quite stagnant, as source scrutiny is still the basis for all historical research. **We** will show, however, that a more diverse approach can make knowledge of the past more relevant for future challenges, without removing the historical research from its fundament, sources and source scrutiny. A diverse approach can enable history to become more interdisciplinary and **health care research can benefit from historical studies when new theories in health care are included as a way of understanding the past. Further, this** will make historical research more relevant in today’s society, especially within health care, where the story of patients to some extent has been neglected **in historical research.**(6) **However, a more diverse approach would not be possible without the development that has been undertaken in advancing understanding and relevance of the historiography of professional historians.**(7)

The change in historical approaches

Being concerned with history from below, of ordinary men and woman, originates from the Annales School, the French historical tradition which started in 1929. (8) They see history and

¹ In this article we see methodology as the theoretical understanding of different methods that can be applied to a field of study.

the interpretation of historical events as results of political, economic and social constructions and factors. Further, they made a **significant** contribution to mental history as they introduced the life of ordinary people and contextualized this into a precondition for historical development and historical events. Moreover, this **kind of** “history” has taken a more interdisciplinary direction, seeking models and inspiration from sociology and anthropology **to broaden the historical understanding of ordinary people**.⁽⁸⁾ Although there are some difficulties associated with it, this kind of history has contributed to more holistic ways of exploring different perspectives of the past and the connections between them.

The Annales radically modified the thought that historical studies must aim for an objective description of the past moving across a timeline from the past to the future.⁽⁷⁾ The founders of the Annales changed the perspective of all historical research by integrating common people, their social and cultural life to the “science of man.” When the Annales included both the social and cultural life of common people, and at the same time abandoned the traditional time line in historical research, they not only changed the focus of historical research, they made it more complex. The complexity exists because of the idea that we get a diversity of coexisting time lines, not only between different countries and different people, but also within the same country and the same communities. Because of this, structure became of great importance for the researchers within the Annales School. They moved away from the tradition of Leopold von Ranke who sought to find one great narrative for the history of the world.⁽⁷⁾ With the Annales came a more “everyday life” way of thinking history, where they created different structures to see the impact from the social and cultural part of society.

With the tradition from the Annales in France, a wide range of different and more complex traditions started to grow within historical **researchers**: social history, economic history and cultural history to name a few. Health history has a relatively short tradition within the field of history, at least from professional historians.⁽⁹⁾ It originates from medical history, and has had a focus among historians since the early 1970s.⁽¹⁰⁾ Social history however, which **we** have argued originated from the Annales, has a slightly longer tradition amongst historians. During the 1960/70, historians combined their social theory and applied the resulting methodology to the field of medicine and health history. The first historian that actually set forward to explore the view of patients in the past is Roy Porter in an article from 1985.⁽⁶⁾ Porter here argues that historians should move from a physician-centred approach to a more patient-centred approach in their research. **An approach that focuses on the profession is common also within nursing, and other care professions. In addition historians have had a tendency to focus on medical and institutional development, in addition to development within the different professions. Porter identified something important when** he argued that the patients’ experiences had been regarded as less relevant up until now. Moreover and interestingly, Porter showed in this article how a movement **towards a more patient- centred approach** can be carried out in **historical** research.⁽⁶⁾

When historians fell into a more pluralistic way of exploring historical events, they were in need of expanding their **methodology**. The Norwegian historian Erling Sandmo has argued that most historians still work within the field of traditional realism, where written sources through source scrutiny still is the most valid **methodology to show** “how it actually was.”⁽¹¹⁾ **Sandmo’s arguments can make us reflect upon whether** most historians found it comfortable

and safe to stay with the methodology that had proven validity, when the postmodernists challenged the epistemological possibility of whether it was possible to achieve objective knowledge. Could it be that historians realized that past events and understanding history was so complex that their approach to research and finding knowledge shook their ontological and epistemological foundations? We find it reasonable to assert that historians preferred their traditional methods as a fundament for research despite their search to develop new methods to meet the complexity of past society.

The complexity of society is what John Law tries to tackle in his book "After Method, mess in social science research." Law argues that if the world is vague and complex, how can researchers catch the realities by traditional methods?(12) Although most historians today hardly would argue that they can actually catch the reality of the past, we find the arguments that Law put forward in his book intriguing. By combining different historical methodologies into health care research we will explore how these thoughts can come to use within medicine and health history. By using non-traditional methods and exploring the past in ways that will challenge and improve today's patients' treatment and care, we wish to promote the ideals of person-centredness in the future. It is worth exploring how an interdisciplinary environment can contribute to the development of new and non-traditional methods to help extend our knowledge of past and present health care. In our research, we explore this by looking at how historical research and understanding can contribute to caring science. The idea is that by knowing more about how the relationships between patients and health care workers have developed, we can anticipate some of the challenges for implementing person-centred care and focus on how to promote such care based on knowledge from historical studies.

Only by discussing, developing and exploring new methods, can scientists try to capture these complex realities. Erling Sandmo claims that although historians use traditional methods as their foundation, historians actually have developed a wide range of methodologies and methods. He further argues that the problem rather is historians' way of making theoretical discussions and differences into methodological pluralism.(11) In this article we wish to understand historical events in health, medicine and nursing, by the use of person-centred theory. In addition we wish to develop the theoretical framework of person-centredness by adding historical understanding and perspectives of patients in the past.

The Norwegian medical historian Anne Kveim Lie in an article from 2008 defines three different approaches to the history of medicine. These are: 1: The social history of medicine, 2: The cultural history of medicine 3: The scientific history of medicine.(10) Although Kveim Lie merely talks about the history of medicine in her article, our point of view is that this easily can be extended to and become relevant for other parts of health history, especially when it comes to research with a person-centred focus. Research on how patients were treated and looked upon in the past with a person-centred approach will not set aside a medical and natural science centred focus, but enable a refined focus on the social and cultural part of health and care practice in the past.(13, 14) The history of medicine and health can thus be explored as different social and cultural phenomena in addition to the more traditional, a

natural science based focus on medicine. The benefits of these multiple approaches are that it enables us to understand the past in a more holistic way and gain perspectives that were not possible before. Our understanding is that historians can influence how health care researchers can use social and cultural theory from historical research to get a broader perspective on how to delineate the connection between past and present understanding of care, patients and professions.(15)

Plots, the use of social science theory and narratives in health history

We wish to explore an approach to health history that will create a better understanding of the historical patient, and how the relationships to health care workers, that is physicians, surgeons and nurses, was in the past. To be able to create a better understanding of the historical patient, we will use different methodological bases and explore historical patients through three different perspectives: 1) an educational perspective, 2) the perspective from the state by the use of legislation, and 3) the health care workers perspective in their meeting with patients. Each of these perspective will have its individual plot and narrative. Together these three perspectives will create a thick narrative of patients in the past.

In addition to theories from the social anthropologist Clifford Geertz and the historian Peter Burke, the history philosopher Paul Veyne has written about the concept of “objective connections” and “plots,” that we find relevant to use in the investigation of these three perspectives.(16) Plots is relevant when historians intend to use a narrative presentation, and harmonize well with a postmodern and constructivist approach to the empirical data.(17) A narrative approach must here not be seen as opposed to other forms of analysis,(17) rather as an extension of the traditional historical research tradition, as Lawrence Stone put forward in his famous essay *“The revival of Narrative: Reflections on a New Old History.”*(18) In this essay, Stone argues that historians needed to move away from the macro historical approach that he thought had taken too much focus under the influence by social sciences in history. Stone argued to replace this approach with a more micro historical focus. This is not without difficulties, and Stone had to admit that historians have to follow strict methods when they create a narrative based on micro historical events from ordinary people.(7) Even Hayden White, who has claimed that historian’s use narratives in the same way as in fiction, admits that historians give historical events purpose by embracing narrativity as a way to impart the fragments of the past, and this is what gives history meaning.(19) By the use of these different methodological traditions we can give a voice to the past patient, and try to tell their stories, and create a thick narrative of the historical patient.

However, narrativity needs to be combined with the use of traditional historical methods, such as source scrutiny and hermeneutics. If we really wish to investigate such a small part of history, must we not really go in depth in this area? By using the method and theory of thick descriptions developed by Clifford Geertz, a concept taken into use and further developed by Peter Burke to thickening narratives, historians can focus on a small part of history, and go in depth into different parts of history. By creating a thick narrative, historians can not only tell the stories of different groups of people, in our study exemplified by the relationships between patients and health care workers. It can further enable us to understand structures

and politics in a new context by focusing on how different approaches provide insight in different realities in the past. In this way **we** can use the thick narrative of the relationships between patients and health care worker to understand the development of medicine, health institutions as social and cultural environments, the development of health professions and societal structures related to the development in medicine and health. This can allow us to see structures in the past, which maybe **were** hidden to us before. At the same time, we will argue that the theory of person- centredness will give a framework of viewing the sources and the people of the past in a way that gives room for creativity when it comes to the interpretation of sources.

The hermeneutic approach and source scrutiny will hence be extended by the use of theory and methods **derived** from anthropology, sociology, ancient history and cultural history, as we find in works by Geertz, Veyne and Burke. In addition person-centredness will form a framework for the interpretation of sources. The Norwegian tradition within social history has since the 1950s been inspired by social sciences in their research.(20) This tradition has expanded into the history of medicine and health.(10) Among the academic historians at this time (1950-60), it was an advancement of a more narrow way of studying social history with a focus on the phenomena more than the explanation of the development in a broad and holistic way.(20) The concept of thickening narratives(21) and thick descriptions(22) have developed during the last decades.

A Norwegian historian who recently used **methodological considerations within health research** is Morten Hammerborg. Hammerborg picks up the tradition from Veyne and several Norwegian historians, and gives the historical sources a character of their own and the historian a central place in putting together, interpreting and bringing forth the sources in a greater story on how organisations, institutions or society have developed from earlier times until today.(23) Hammerborg makes the point that empirical data in itself, through the interpretations of the historian, can give important perspectives on how institutions and organizations have developed.(23) By using the theory linked to thickening narrative, Hammerborg uses empirical events to understand the development of structures, and how structure and events have affected each other mutually. In the same way as in Hammerborg's work, other historians can use these theories when studying health history, especially relevant when we wish to study groups of people and individuals, and see how structure and people mutually have affected each other in the past. Can it be that ways of treating patients was an act of health care structure of the past or as an act of the educational system, or was there a political awareness when it came to the treatment of patients? **By combining this way of looking into the past through the lenses of the person-centred framework we can historicize the historical sources through the help of the framework and not only theorize the history.**(23) Figure 1 provides an illustration of how this process occurs.

Implications for person-centred research

In what way does knowledge of historical events and historical understanding **inform the development of** person-centred research and hence caring science? What **we** have argued in this paper so far, is that all persons have a history that is worth studying. **Additionally,** the

development of historical methodology and historical research can enable researchers within caring science to gain knowledge about patients as persons that are both socially, culturally and historically oriented, and further how researchers studying caring can use historical methodologies to explore new perspectives of caring science. The same goes for health care professionals. By revealing the historical development of the relationships between the care giver and the care receiver, we can understand more about what can promote or prevent a more person-centred approach in the future. We have argued how developments within methodology and perspectives in historical research make it possible to not only gain more knowledge but to use this knowledge to create better care in the future.

Knowing oneself and one's history as a person as well as professional health care worker are important for being able to provide person-centred care.(24) By adding historical understanding to person-centred theory we believe the knowledge base of person-centred theory can be even more relevant in future caring. The development of historical method to include seeing history as both social and culturally relevant in medicine and health will give knowledge that can enable us to educate person-centred health care workers who can provide person-centred care in different contexts. The historical approach to person-centred care will be even more relevant if we see the world in a global perspective. Refugees, demographic crisis, war and conflict are issues today's health care workers face globally. Our assertion that only by increased awareness and understanding about ourselves and our values; and how past and present meet in our own and other cultures and in other persons, can we succeed in building a successful caring society. History, language and knowing more about the structures related to the way we act the way we do, can be crucial to be able to make changes in the future and provide sufficient care for all persons.

The development of perspectives of 'the person' in how we view the patient, have been significantly important in the development of all health care institutions, health care professionals, medical and diagnostic development. Persons are more than biology. To understand how changes occurred, how changes were made possible and what these changes looked like, we can use historical approaches to investigate and add knowledge to enable better care in the future.

In our research we strive to be true to the person-centred framework we work within, that means putting the person in the centre of our research. To us, this means being respectful of the person, their values, the personhood of every person, as well as being careful when the person's legacy and reputation is being presented in our research.(25) Historians need to be sure to justify their sources and picture any person in a dignified way based on the interpretation of the documents we use. Historical researchers that are involved in writing the history of persons or group of persons, have a specific responsibility to protect third parties and be aware of how we present a person posthumously. Historians are not in the position to judge or moralize on events of the past.(26) Paying attention to these issues through the gaze of the person-centred framework(25) enables us to pay attention to these ethical and moral considerations.

A short reflection on being a historical researcher in an interdisciplinary academic environment

Why do we think this is a relevant topic to discuss? Because history should to a much greater extent be a natural part of all medicine, health and caring studies. In addition to being relevant for all research, different methodological perspectives are crucial to understanding and discussing relevant topics among researchers, especially in an interdisciplinary environment. To the authors of this article it has been revealing how relevant history is for health care, starting with a historical research project in a health and social sciences context. To be certain about the traditions from one's own field of study,(27) as well as knowing and being curious about methodological traditions from other research areas and fields of study makes interdisciplinary research easier. Further we think we need to endorse the arguments from John Law; society is complex and messy. It is therefore important for researchers to come together in interdisciplinary studies to try and grasp a more holistic understanding of society, so we can provide relevant knowledge for future changes in health care. Reading methodology that is relevant for different subjects, increases familiarity with different concepts in use, and a new perspective on individual points of view is gained. The authors are just beginning to see the fruits of such a perspective in our own research.

Doing historical research is important to stay close to the historical research tradition, focusing on source scrutiny and hermeneutics, and writing in a narrative tradition. However, historians doing medicine and health history will benefit from working closely with medicine and health care researchers, as Aina Schiøtz also has argued.(28) This requires researchers to be open to using a broad range of methodologies. To include historical perspectives alongside those of other perspectives have been articulated as important by the authors of this paper. Our experiences with this newly commenced research is that a more holistic understanding starts with methodological, epistemological and ontological discussions among different researchers.

Conclusions

Using the theory of person-centredness as a framework in historical research within medicine and health care can contribute to an improved understanding of today's care context. Methodological considerations in history have developed continuously since the Annales School adopted a more holistic approach to historical research, focusing on the history of ordinary people and everyday life. A focus on the treatment and care of patients from this point of view will fit well into such an area of focus. At the same time, the patient's view has to some extent been neglected throughout historical research,²(29) and the need for more knowledge is evident in meeting the challenges of future care situations. A historical approach to person-centred health care can hence contribute to a more holistic way of understanding the person in a caring context. We have therefore argued and discussed how historical methodology can contribute to more knowledge about this in order to reduce the knowledge

² The exception is within mental health and psychiatric institutions, where several works have been carried out by both historians and researcher in other disciplines.

gap in the development of care workers (the professionals) and the patients (ordinary people) and the relationships between them.

To contribute to both historical knowledge and health care theory development, historians need to preserve both the traditional historical method as well as embracing methods from other academic disciplines. Although this can be challenging, such research will contribute more if undertaken in an interdisciplinary environment and starts with methodological considerations from several academic traditions.

Person-centredness and person-centred practice focus on knowing one-self to carry out sufficient care for the other person. In a complex world, where people and society are continuously changing, we have argued that a historical approach to patient care will strengthen health research and hence be of benefit to care practices in the future.

(iii)

References

1. McCormack B, McCance TV. Development of a framework for person-centred nursing. *Journal of Advanced Nursing*. 2006;56(5):472-9.
2. McCormack BaM, Tanya (editors). *Person-Centred Practice in Nursing and Health Care Theory and Practice*. second ed. Chichester: Wiley Blackwell; 2017.
3. Leplege A, Gzil F, Cammelli M, Lefevre C, Pachoud B, Ville I. Person-centredness: Conceptual and historical perspectives. *Disability and Rehabilitation*. 2007;29(20-21):1555-65.
4. Carter SM, Little M. Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research*. 2007;17(10):1316-28.
5. Burke P. Overture. *The New History: Its Past and its Future*. In: Burke P, editor. *New Perspectives on Historical Writing*. Cambridge: Polity Press; 2001.
6. Porter R. The patient's view. *Doing Medical History from Below. Renewal and Critique in Social Theory*. 1985;14(2):175-98.
7. Iggers G. *Historiography in the twentieth century. From Scientific Objectivity to the Postmodern Challenge*. Middletown, Conn Wesleyan University Press; 2005 (1997).
8. Sharpe J. History from below. In: Burke P, editor. *New Perspectives on Historical Writing*. Cambridge: Polity press; 1992.
9. Schiøtz A. Medisinhistorie eller medisinsk historie [The History of Medicine or Medical History]. *Tidsskrift den Norske Legeforening [Journal of the Norwegian Medicine Association]*. 2011;12.
10. Lie AK. Nyere perspektiver innen medisinsk historie [New Perspectives in Medical History]. *Nytt Norsk Tidsskrift [New Norwegian Journal]*. 2008;25(02):157-68.
11. Sandmo E. «Hvordan det egentlig var» [How it actually was]. *Nytt Norsk Tidsskrift*. 2010;27(01-02):9-21.
12. Law J. *After Method: Mess in Social Science Research*. London: Routledge Ltd; 2004.
13. Hård M. Mot en kulturanalytisk vitenskaps-, teknologi- og medisinhistorie [Towards a cultural analytic science-, technology- and medical history]. In: Levold NoPØ, editor. *Sunnhetens apostler: kultur og "ukultur" i helsefeltet [The apostles of health: culture and unculture within the field of health]*. Trondheim: Senter for teknologi og samfunn, Norges teknisk-naturvitenskapelige universitet; 2002. p. 13-38.

14. Schiøtz A. Den nye kulturhistorien og medisinsk kildemateriale [The new cultural history and historical sources in medicine]. In: Levold NoPØ, editor. Sunnhetens apostler : kultur og "ukultur" i helsefeltet [The apostles of health: culture and unculture within the field of health]. Trondheim: Senter for teknologi og samfunn, Norges teknisk-naturvitenskapelige universitet; 2002. p. 39-54.
15. Lie AK. Do we need History? Tidsskrift den Norske Legeforening [Journal of the Norwegian Medicine Association]. 2011;24.
16. Veyne P. Writing History. Essay on epistemology. Middletown, Connecticut 1984.
17. Riessman CK. Narrative Methods for the Human Sciences. Los Angeles: Sage; 2008.
18. Stone L. The Revival of Narrative: Reflections on a New Old History. Past & Present. 1979(85):3-24.
19. White H. Historie og fortelling. Utvalgte essay [History and Narrativity. Selected essays]. Oslo: Pax forlag; 2003.
20. Myhre JE. Social History. In: Hubbard WHeae, editor. Making a Historical Culture Historiography in Norway. Oslo: Universitetsforlaget; 1995. p. 210-39.
21. Burke P. New Perspectives on historical writing. Cambridge: Polity Press; 2001.
22. Geertz C. The interpretation of cultures. London: Fontana 1973.
23. Hammerborg M. Spedalskhet, galeanstalter og laboratoriemedisin - endringsprosesser i medisin på 1800- tallet i Bergen [Leprosy, Mental Institutions and Laboratory Medicine - Change Processes in Medicine in 1900 Century in Bergen]: Universitetet i Bergen; 2009.
24. McCormack B, Dewing J, Breslin L, Coyne-Nevin A, Kennedy K, Manning M, et al. Developing person-centred practice: nursing outcomes arising from changes to the care environment in residential settings for older people. International Journal of Older People Nursing. 2010;5(2):93-107.
25. McCormack B, Dulmen AMv, Eide H, Eide T, Skovdahl K. Person-Centred Healthcare Research. 1st ed. Hoboken, N.J United Kingdom: Wiley-Blackwell; 2017.
26. Guidelines for Research Ethics in the Social Sciences, Humanities, Law and Theology, (2016).
27. Jordanova L. History in practice. London: Hodder Education; 2006.
28. Schiøtz A. Viljen til liv [The will of life]. Oslo: Samlaget; 2017.
29. Risse GB, Warner J. Reconstructing Clinical Activities: Patient Records in Medical History. Soc Hist Med. 1992;5(2):183-205.